

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
INCARCERATED INDIVIDUAL PERSONAL APPEARANCE FORM

Name: _____ DIN: _____
(Last) (First)

Date of Photo: _____

Age: _____ DOB (mm/dd/yyyy): _____ Height: _____ Weight: _____

*Indicates Self-Reported by the Incarcerated Individual

Check only one box each for Hair and Eye color

***Ethnicity:**

Hair:

Eye:

- | | | | |
|--|--|--|---|
| H <input type="checkbox"/> Hispanic | BALD <input type="checkbox"/> Bald | DYED <input type="checkbox"/> Dyed (Unnatural) | BLACK <input type="checkbox"/> Black |
| N <input type="checkbox"/> Non-Hispanic | BLACK <input type="checkbox"/> Black | BK/BAL <input type="checkbox"/> Black & Balding | BK/GRY <input type="checkbox"/> Black & Gray |
| *Race: | BLONDE <input type="checkbox"/> Blonde | BL/BAL <input type="checkbox"/> Blonde & Balding | BL/GRY <input type="checkbox"/> Blonde & Gray |
| A <input type="checkbox"/> Asian | BROWN <input type="checkbox"/> Brown | BR/BAL <input type="checkbox"/> Brown & Balding | BR/GRY <input type="checkbox"/> Brown & Gray |
| B <input type="checkbox"/> Black | GRAY <input type="checkbox"/> Gray | GY/BAL <input type="checkbox"/> Gray & Balding | GREEN <input type="checkbox"/> Green |
| I <input type="checkbox"/> Native American | RED <input type="checkbox"/> Red | RD/BAL <input type="checkbox"/> Red & Balding | RD/GRY <input type="checkbox"/> Red & Gray |
| W <input type="checkbox"/> White | WHITE <input type="checkbox"/> White | WH/BAL <input type="checkbox"/> White & Balding | WH/GRY <input type="checkbox"/> White & Gray |
| O <input type="checkbox"/> Other | | | OTHER <input type="checkbox"/> Other |

Physical Characteristics (Tattoos, Scars, Moles,
Birthmarks and Other Distinguishing Features)
on Upper Body:

- ☐ Amputation _____
- ☐ Deaf/Hearing Aid _____
- ☐ Blind/Visually Impaired _____
- ☐ Wears Glasses _____
- ☐ Dentures/Partial Plate _____
- ☐ Gold Teeth _____
- ☐ Wheelchair _____
- ☐ Uses Cane _____
- ☐ Artificial Limb _____

- ☐ Body Piercing/Removable Body or Dental Jewelry (e.g., a metal grill or cap over the teeth or a ring, stud, barbell, or plug piercing the tongue, eyebrow, lip, or belly, etc.)

ID Officer Name (Print): _____ Signature: _____

DSS/Designee Reviewer Name: _____ Date: _____

☐

Disapproved

Send back to ID Office for the following corrections:

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Approved

Forward to (Name): _____

For data input changes or verification with FPMS screen #3

Date changes made: _____

NOTE: Forward corrected form to IRC Office for filing in incarcerated individual's ID envelope/legal folder.